

NOTIFICATION OF TERMINATION

Employer reporting termination: _____

Employee's name and case identifier (found on income withholding order): _____

Date of separation from employment: _____

(**Not required** but helpful) Has the last IW payment been sent?: _____

Employee's last known home address: _____

New employer's name (if known): _____

New employer's address (if known): _____

Other comments: _____

Name of person completing form: _____

Title: _____

Telephone number: _____

Date: _____